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Montana Mental Health Planning Committee
A Montana plan for mental health services
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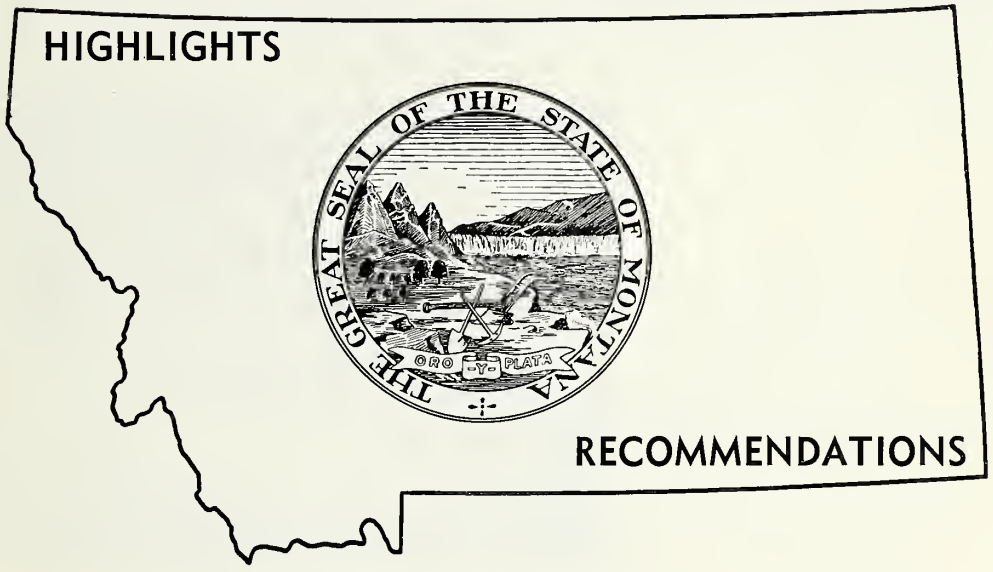
Montana Plan



For

Mental

Health

Services

MENTAL HEALTH
- PLANNERS -

STATEWIDE PLANNING COMMITTEE

Composed of 50 members of varied backgrounds from all parts of the state having responsibility for direction of the Planning Project.

STEERING COMMITTEE

Composed of 12 members selected out of the larger Planning Committee to serve as a functional nucleus in directing the planning effort.

LOCAL COMMITTEES

Composed of 500 Montanans from throughout the state chosen to serve as an advisory and data gathering body to the Planning Project.

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HISTORY AND PURPOSE OF PLANNING

To conduct the necessary research for this planning program, a committee composed of 50 individuals representing varied disciplines through the state was formed by the mental health authority. A smaller 12-man steering committee was selected from the larger group to provide a functional nucleus. Approximately 500 other Montanans were organized into county committees to help obtain some of the data for this research and planning program. The committee members are representative of most of the public and private professional organizations in Montana that have a continuing interest in the mental health needs of Montana citizens.

This plan has focused on modern concepts of care and treatment of the mentally ill. This program would include a complete range of mental health services for all degrees of mental illness from minor to major disorders. Facilities for short, medium and long-range care programs for all ages are indicated. Of great importance is a program that would provide treatment of the patient in or near his home community instead of isolation in a strange environment removed from the influence of home and family.

Historically, Montana, like most states, has not had a projected plan to meet even the most pressing problems caused by mental illness. The movement from crisis to crisis has been marked by building programs and appropriations of funds for operations to meet the cumulative pressures of the time with little, if any, thought of future needs or different, more realistic goals. Crisis legislation based on urgency, rather than planned program based on factual, substantiated information, has been the pattern. The pressures of treating the problems of mental illness has resulted in failure to give even token attention to prevention. Montana, like many other states, must develop a program that will emphasize assistance for the individual to help prevent his being relegated to an institutional setting. It has been shown in many states with advanced programs, that early treatment in the community can be invaluable in maintaining a disturbed personality at a level of social functioning.

Our problems continue to grow and a need for a dynamic program is close at hand. To simply hope to arrest mental illness is a losing proposition -- both morally and financially. Prevention of mental disorders, care and treatment offered in the community setting which assists the individual to recover his dignity and ability to maintain himself -- these are the positive approaches which are so vitally necessary.

MAJOR RECOMENDATIONS••

Recommended!!

- That Montana's mental hygiene clinic program be expanded, staffing increased where necessary, and services be strengthened and continued in areas of child guidance.

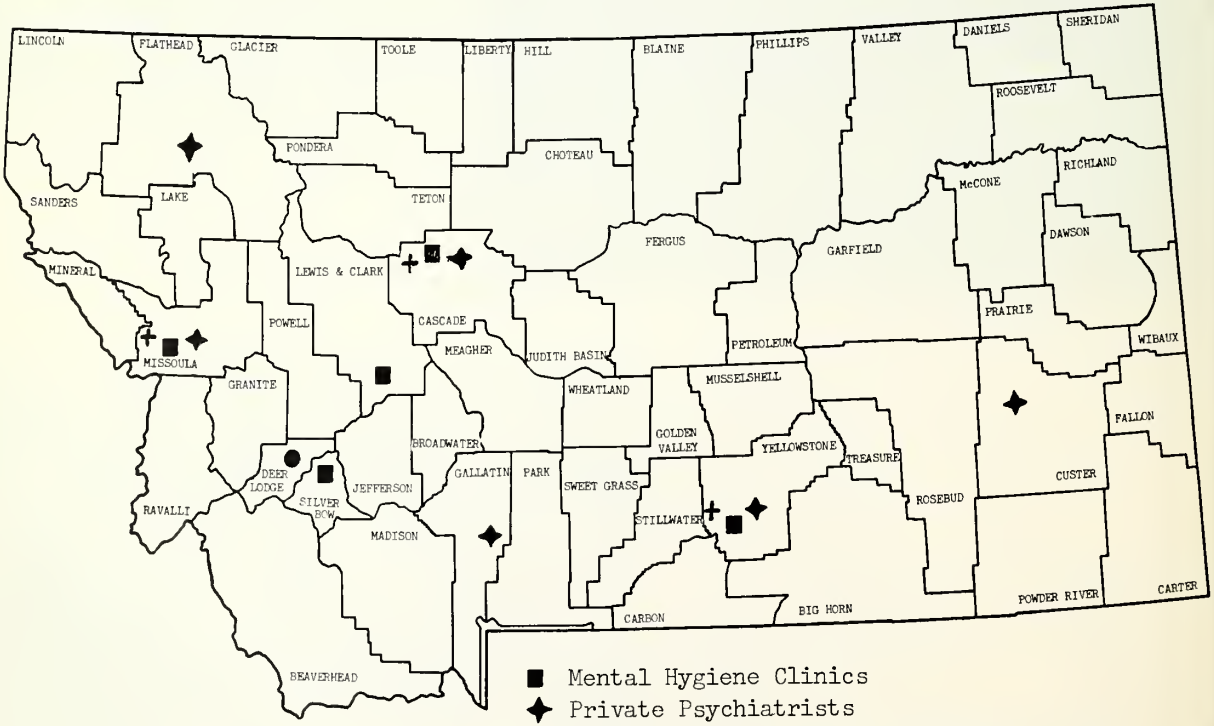
- Mental hygiene clinics in each district should consider travel within their districts to give consultative services to community agencies.

- All mental hygiene districts should have monies made available for the establisment of mental hygiene clinics.

- Mental health services should be extended as rapidly as possible to eastern and northern Montana.

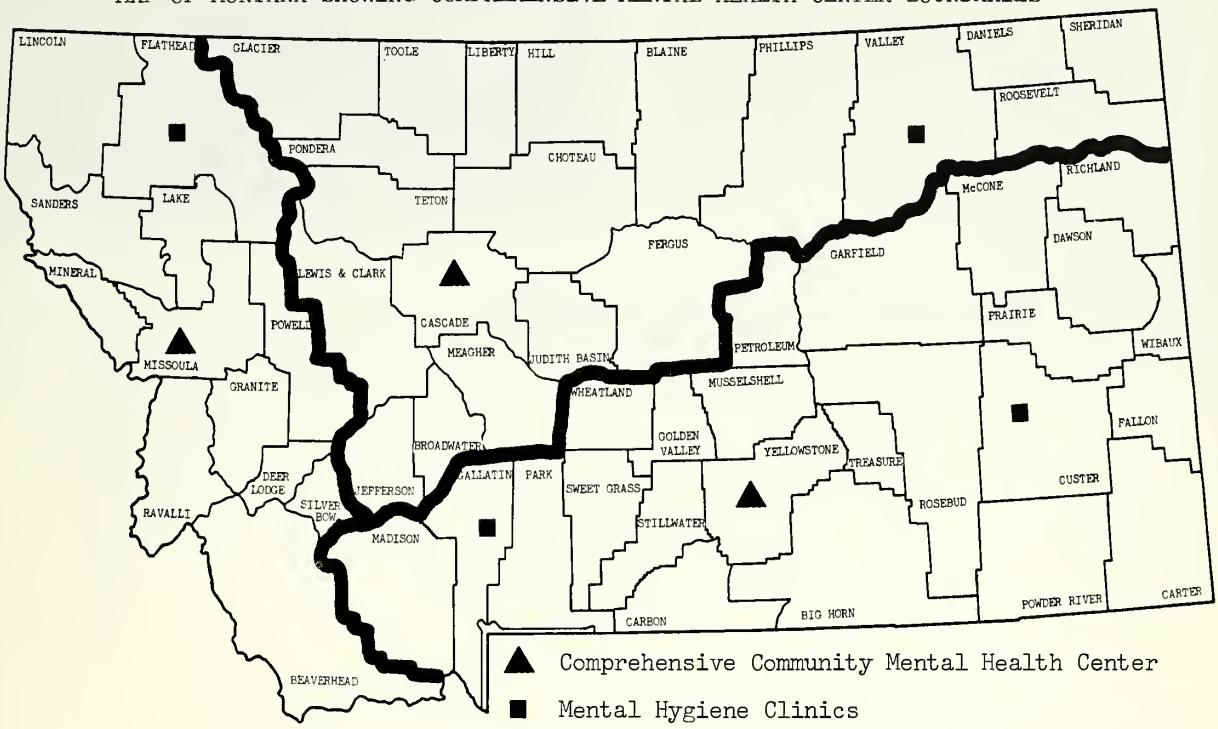
- That services be expanded through the establishment of comprehensive community mental health centers.

PRESENT mental health treatment sources



PROJECTED
mental health treatment sources

MAP OF MONTANA SHOWING COMPREHENSIVE MENTAL HEALTH CENTER BOUNDARIES



RECOMMENDED!!

The establishment of three comprehensive community mental health centers in:

1. Billings
2. Great Falls
3. Missoula

The establishment of four new mental hygiene clinics to complement existing clinics at:

1. Miles City
2. Glasgow
3. Kalispell
4. Bozeman

Modern psychiatric setting greatly enhances the mental patients' ability to respond to therapy. Bright, cheerful surroundings adequate to need are essential to proper development of patient attitude.

- It is recommended that Montana State Hospital's physical plant be modernized to provide an acceptable therapeutic setting.

- Every effort should be made to reduce the resident population load of Montana State Hospital to a figure not in excess of 1,000 beds. Present facility should be upgraded but there should <u>not</u> be any new construction intended to increase the resident population. No more large mental hospitals should be built in Montana.

- Existing Montana laws should be changed concerning the mentally ill, and wherever possible the admission of patients to mental health facilities should follow the same procedure as admission to a general hospital.

- Facilities should be used for the purposes for which programmed and staffed, and operated at highest efficiency.

Such facility as this discourages the patient from developing the necessary inner motivation and desire to overcome his problems.

PSYCHIATRIST

- Immediate steps should be taken by the Montana university system to enable Montana students to enroll in graduate schools under the Western Interstate Commission for Higher Education and other programs.

- Encouragement to provide more trained psychiatric nurses through such means as more emphasis on psychiatric nursing in the basic program, in-service education programs, and W.I.C.H.E.

PSYCHOLOGIST

- Montana should develop graduate and undergraduate programs in the fields of social work, clinical psychology and psychiatric nursing.

NURSE

- Training stipends should be provided to mental health personnel, undergraduates, and graduates for continuing professional enrichment.

- To help attract and retain mental health personnel, programs of professional and economic incentive should be provided that would establish effective communication, competitive salaries, coordination between mental health treatment facilities, and ongoing training opportunities.

ATTENDANT

Shortages exist in all professional categories and occur in all mental health facilities throughout the state. The lack of staff is particularly prevalent at Montana State Hospital and has been a major concern of the Planning Committee. Staffing numbers are important, but of even greater consequence, is the power they possess to help, support, relieve, remedy, and prevent mental and emotional illness among the people of the state of Montana. Special emphasis needs to be given to revision of the present salary scales paid to professional mental health workers. The salary schedule at Montana State Hospital has particular need to be revised. Comparative to contiguous states, Montana's salaries are not competitive and should be raised to be commensurate with surrounding areas.

SOCIAL WORKER

- Psychiatric units in the comprehensive mental health center should be responsible for a minimum of 20 and a maximum of 25 beds.

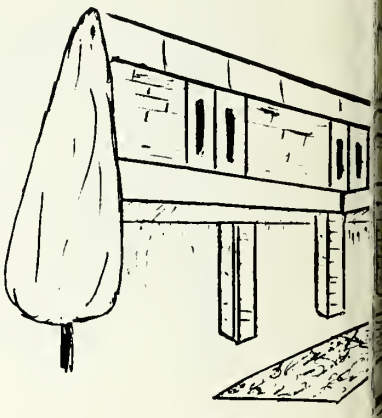
- In psychiatric facilities, administration should be the responsibility of a psychiatrically trained medical administrator.

- No community psychiatric inpatient service should exceed 300 beds.

- Easy movement of patients between agencies and community facilities should be possible.

- In instances where private enterprise cannot or will not provide needed mental health services, other agencies such as state and local government should endeavor to augment those areas which are lacking.

As President Kennedy
to Congress in February 19
health program is comprehe
this reason we should aim
community mental health ce
hygiene clinics and psychi
hospitals. These faciliti
with all other community a
health, such as schools, c
rehabilitation, public hea



ARTIST'S

PROPOSED COMPREHENSI

The Planning Committee believes a step
would be the establishment in our major citi
health centers".

The "comprehensive community center" in
concept and not specifically as a building.
agencies, e.g., the home, court, the public h
working in harmony with each other in promot
community. A structure to house the operati
equally as important to visualize the center

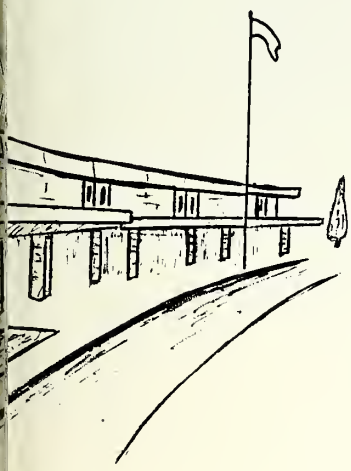
The state has been divided into three c
district headquarters to be located at Misso
would furnish each district with five functi

1. Inpatient
2. Outpatient
3. Partial hospitalization

nted out in his address
"Central to a new mental
ve community care". For
developing comprehensive
rs, outpatient mental
ic services in general
should be coordinated
cies relating to mental
gy, physicians, welfare,
nursing, law enforcement.

- The concept of comprehensive community mental health centers can be utilized in areas even though they may not have a construction project.

- Construction design should be <u>flexible</u> to meet expansion or modification needs and to meet changing psychiatric philosophy.



- Volunteers should be an integral part of the comprehensive mental health center as well as in other mental health programs.

CEPTION

ENTAL HEALTH CENTER

- A comprehensive center should be a part or close affiliate of a general hospital.

ne direction of community based programming
f what are termed "comprehensive community

ana has fortunately been defined as a
center as a concept involves all community
h nurse, the welfare department, etc.,
better mental health and treatment in their
s an evident necessity; however, it is
n integrated community effort.

hensive mental health districts, with
Great Falls, and Billings. This center
of care:
1. Twenty-four hour emergency care
2. Consultation and educational service to community agencies.

- Although the psychiatrist must carry the authority and final responsibility for the professional activities of the clinical team, he will encourage the participation of all mental health professionals in the therapy process to the extent that their training qualifies them to render service.

- Intensive effort should be made to find the supporting resources which would allow patients who are no longer requiring the specialized service of a comprehensive mental health center or state hospital to return to community life.

- Intermediary facilities should be provided to house mental patients in partial psychiatric care settings.

The greatest potential for the prevention of mental and emotional illness is the feeling of security within the individual himself and with his associates. Proper love and understanding given at the proper time can do much to prevent emotional disturbances. It is markedly evident that, in the final analysis, the cure or help given to individuals experiencing mental or emotional affliction depends upon the one-to-one relationship existing between the person troubled and the person attempting to help. The ever-increasing concern about the materialistic things in life leaves little time for concern for the more basic aspects of mental or emotional security, happiness and peace of mind. Until society begins to recognize and pay sufficient attention to these important factors, we can expect to continue to pay an ever-increasing price for this lack of wisdom and concern about these matters.

- Facilities for treatment should be located in terms of easy accessibility to the area of potential need.

● In consideration of the large numbers of children admitted into psychiatric care each year, it is recommended that the Department of Public Institutions establish a residential treatment center for disturbed children. This facility must be physically removed from the State Hospital.

● It is recommended that provision be made to plan for more adequate prevention services and to provide for early treatment including the participation of local public and private agencies.

● Montana's mental hygiene clinic program should be expanded, staffing should be increased as necessary, and services should be strengthened and continued in areas of child guidance.

● Mental health services should be extended as rapidly as possible to eastern and northern Montana.

● All mental hygiene districts should have monies made available for the establishment of mental health clinics.

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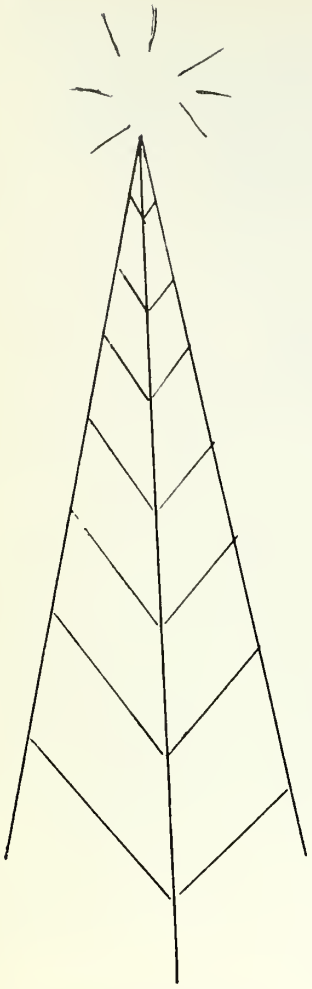
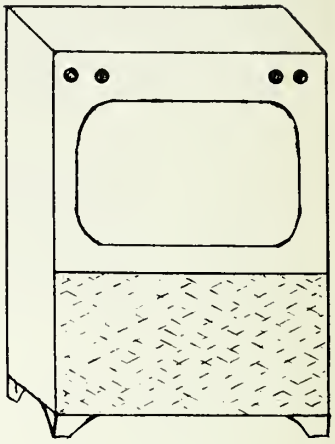


Radio

● It is recommended that there be established under the direction of the mental health authority a comprehensive program of public education and information concerning mental illness.

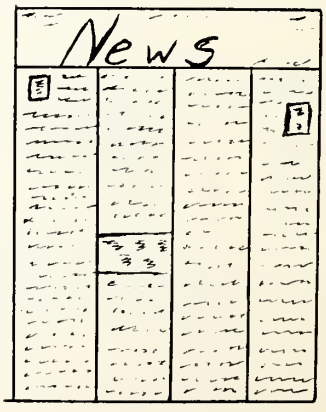
● Consultation and education will be available to community agencies and professional personnel. Federal programs such as T.A.P. and others may be utilized.



Television

If community education and a modification of school curriculum is indicated to alleviate the problem of emotional and mental illness, then personnel skilled in changing public opinion and organizing lay people into active and potential forces should be employed. It may be that one of the greatest needs in the state of Montana, in terms of mental health, is a strong public relations program.

Newspaper



● Through intelligent use of teachers, school counselors, psychologists, school nurses and school social workers, school districts can effectively help children in overcoming emotional problems. Therefore, it is strongly recommended that until such time as school districts can provide these services as part of the school program, the districts establish patterns of pupil referral to existing resource persons or agencies within the community.

One potential source of power which remains virtually untapped, at present, is the educational system. A survey of educational courses taken by students in grade schools, high schools and colleges shows very little attention paid to the handling or control of mental and emotional problems. Little time and study are devoted to teaching students how to get along with one another, how to handle oneself in society or how to deal with the ever-increasing pressures of everyday life. The problem of courtship and marriage is grossly neglected in the vast majority of educational systems not only in the state of Montana but throughout the nation. The assumption is that somehow one learns how to deal with other people and situations in life as some sort of natural process, the fact remains that this learning takes place through example set by adults and peer groups. Since family life in many cases manifests itself in fragmentation and disorganization and the standards of peer groups leave much to be desired, it seems appropriate that the educational system in day school and in the church take cognizance of this condition and initiate programs of education to meet this need.

● Greater emphasis should be given in teacher training programs to help better prepare prospective teachers for recognizing and referring, as early as possible, any significant deviation from normal pupil growth, behavior and learning patterns.

- Montana should pursue the establishment of forest and conservation camps for juveniles and young men and others on a pattern similar to successful operations throughout the West, and make maximum use of all other programs which now exist or become available.

- Mental health planning should be a continued process in the future with a defined and operational staff.

- There should be cooperation and agreement between state and federal agencies in developing a total care program for the care of the mentally ill.

- Councils should be set up on state and district levels to coordinate and facilitate mental health programming.

- All present or new mental health services in Montana should have built-in evaluation programs.

A great deterrent to the attraction and employment of the mental health professional in Montana is the lack of appropriate professional settings. The construction of comprehensive mental health centers, in addition to providing much needed services, would also provide a physical environment attractive to the professional. If staff is to be acquired and retained, it seems essential that there be a program that will provide professional and economic incentive. This would necessitate, among other things, close communication between community and state level directors; salaries which are both competitive and commensurate with skill, experience and training; a high degree of coordination between clinic and institution functions; and ongoing training through workshops, seminars or conferences to keep abreast of current thinking and practice. Not only should personnel have the opportunity of attending training sessions or workshops, but such ongoing training should be mandatory to keep up to date with rapidly changing methods and techniques. The continuation of a planning effort would greatly facilitate the proper implementation of the goals for Montana. Priorities are subject to change; there should be a body charged with continual evaluation of Montana's needs and the revision and updating of existent planning.

SYNOPSIS

To obtain detailed information with regard to the recommendations presented in this brochure, the book, "A Montana Plan For Mental Health Services", should be consulted.

The book contains a collection of selected data that has bearing upon the overall mental health program in Montana. The data has been presented in a work that contains 12 chapters, each treating a specific area of Montana's mental health program. The book attempts to show the extent of the mental health problem in Montana, the facilities presently available for treating mental illness, and the projected needs and problems in such areas as manpower, treatment philosophy, and additional facilities. It outlines some of the financial problems involved and establishes goals and priorities for Montana's future programs in mental health.

This brochure presents the major recommendations as found in the larger work and attempts to make some conclusions based on the information presented.

Briefly, it can be stated that this planning effort has been successful in establishing a great deal of interest in promoting better mental health treatment procedures in the state. Although emphasizing the need for implementation of the newer concepts of community based treatment resources, it nevertheless recognizes the necessity of upgrading the services and equipment of Montana State Hospital. The State Hospital has evident need for better facility and very cursory examination will reveal the need for new equipment, viz., a modern X-ray plant to replace the long outmoded machine now in operation.

Copies of the complete plan for public use can be found in public libraries, secondary school libraries, college libraries, and in county extension agents' offices. It is hoped its utilization will bring enlightenment and support for better mental health services to the people of Montana.

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MONTANA MENTAL HEALTH
PLANNING PROJECT